

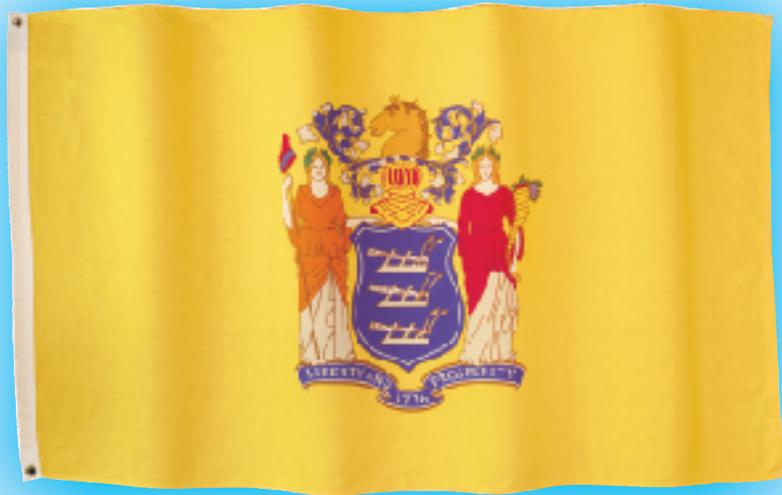


New Jersey

Drug Threat Assessment

UPDATE

April 2004



National Drug Intelligence Center
U.S. Department of Justice

Preface

This report is a brief update to the *New Jersey Drug Threat Assessment*, which is a strategic assessment of the status and outlook of the drug threat to New Jersey. Analytical judgment determined the threat posed by each drug type or category, taking into account the most current quantitative and qualitative information on availability, demand, production or cultivation, transportation, and distribution, as well as the effects of a particular drug on abusers and society as a whole. While NDIC sought to incorporate the latest available information, a time lag often exists between collection and publication of data. NDIC anticipates that this update will be useful to policymakers, law enforcement personnel, and treatment providers at the federal, state, and local levels.

The August 2002 *New Jersey Drug Threat Assessment Update* and the May 2001 *New Jersey Drug Threat Assessment* are available on NDIC's web site www.usdoj.gov/ndic or by contacting the NDIC dissemination line at 814-532-4541.

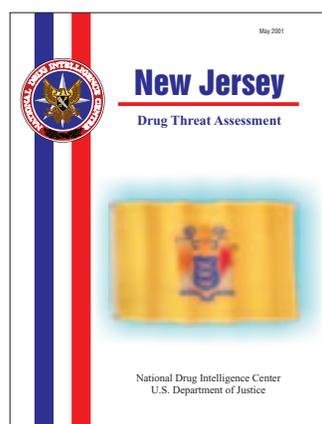
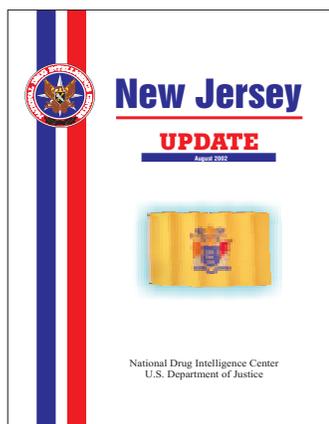
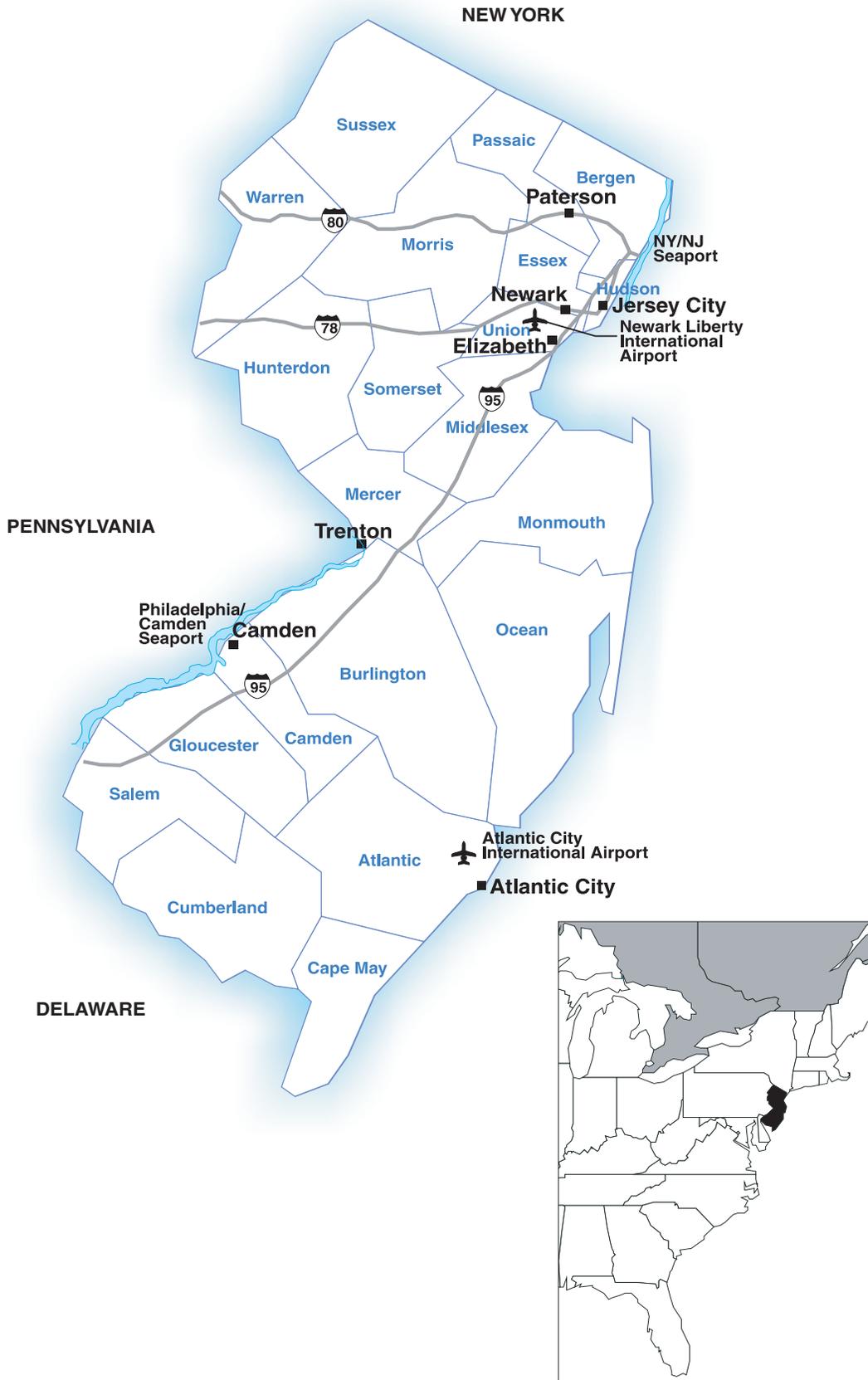


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New Jersey.



New Jersey Drug Threat Assessment Update

Overview

Drug traffickers use New Jersey, particularly metropolitan areas such as Newark and Camden, as a regional drug transshipment and distribution center. The state's well-developed transportation infrastructure is ideally suited for the movement of illicit goods, and the proximity of New York City and Philadelphia leave New Jersey vulnerable to drug transportation from these cities. Drugs transported by truck, private vehicle, railcar, maritime vessel, aircraft, and package delivery services have an excellent chance of reaching their destinations because of the volume of traffic moving into and through the state daily. The rural areas, particularly those in southern and western New Jersey, are conducive to cannabis cultivation.

Cocaine, particularly crack cocaine, is readily available throughout New Jersey, and the drug's distribution and abuse are linked to more violent crime than any other illicit substance, making cocaine the state's primary drug threat. The distribution and abuse of heroin, primarily low cost,

high purity South American heroin, pose nearly as serious a threat as cocaine. Health consequences associated with heroin abuse are significantly greater than for any other drug in the state. Marijuana is widely available and commonly abused in New Jersey; however, marijuana is not readily associated with violence or deaths, as are cocaine and heroin. Other dangerous drugs are available to varying extent in New Jersey, but the availability of MDMA in particular is high and indications are that organized criminal groups are becoming more involved in MDMA distribution in the state. The diversion of pharmaceuticals such as OxyContin is a rapidly emerging threat to New Jersey. The production and abuse of methamphetamine pose a low threat to the state.

Cocaine

The illicit distribution and abuse of cocaine, both powdered and crack, pose the primary drug threat to New Jersey. The number of cocaine-related treatment admissions is decreasing but remains high. According to the New Jersey

Department of Health and Senior Services, there were 6,009 primary treatment admissions for powdered and crack cocaine abuse in New Jersey in 2000, 5,629 in 2001, and 5,592 in 2002. According to the Drug Abuse Warning Network (DAWN), the number of cocaine emergency department (ED) mentions in the Newark metropolitan area increased from 2,631 in 2001 to 3,242 in 2002. The number of cocaine ED mentions was higher than for any other illicit drug except heroin in 2001 and 2002. (See Table 1.) Cocaine also is a factor in a significant number of deaths in the Newark metropolitan area (Essex, Morris, and Union Counties). According to DAWN mortality data, there were 148 cocaine-related deaths in these three counties in 2001, and Essex County alone accounted for 106 of those deaths.

Table 1. Drug-Related Emergency Department Mentions, Newark, 2001–2002

	2001	2002
Cocaine	2,631	3,242
Heroin	3,718	3,731
Marijuana	647	944
MDMA	49	47
GHB	0	0
Ketamine	12	0
LSD	10	0
PCP	35	124
Methamphetamine	0	1

Source: Drug Abuse Warning Network.

Cocaine is readily available throughout New Jersey. According to the National Drug Intelligence Center (NDIC) National Drug Threat Survey (NDTS) 2003, 80.1 percent of law enforcement agency respondents in New Jersey reported that powdered cocaine was readily available (availability described as either high or moderate), while 73.0 percent reported that crack cocaine was readily available. Moreover, 29.2 percent of law enforcement officials throughout New Jersey identified cocaine, either powdered (12.1%) or crack

(17.1%), as their greatest drug threat. More cocaine is seized in the state than any other illicit drug except marijuana and, according to Federal-wide Drug Seizure System (FDSS) data, federal law enforcement officials in New Jersey seized 480 kilograms of cocaine in 2002. Data from the U.S. Sentencing Commission (USSC) indicate that the percentage of drug-related federal sentences in New Jersey that were related to cocaine in fiscal year (FY) 2001 (45.1%) surpassed the percentage nationwide (42.5%) for the first time in the previous 5 years.

National Drug Threat Survey 2003

NDTS 2003 was administered by NDIC to a representative sample of state and local law enforcement agencies throughout the United States to assess the availability and overall threat posed by the trafficking and abuse of all major drug types. NDIC received 3,354 survey responses from law enforcement agencies, an overall response rate of 96.2 percent. Survey respondents were asked to indicate the drug that posed the greatest threat to their areas and to indicate the level of availability for each major drug type. Respondents also were asked to indicate the drug type that most contributes to property crimes and violent crimes within their jurisdictions. Responding agencies also were asked to indicate the level of street gang and outlaw motorcycle gang involvement in drug distribution in their areas. Survey responses are used by NDIC to substantiate and augment drug threat information obtained from other federal, state, and local law enforcement agencies.

Cocaine prices vary somewhat depending on the location and quantity sold; however, low, stable prices overall indicate that there is an abundant supply of cocaine in New Jersey. For example, price ranges found in northern counties (above and including Monmouth) and southern counties (below Monmouth) are similar. In northern New Jersey powdered cocaine sold for \$19,000 to \$34,000 per kilogram, \$500 to \$1,800 per ounce, and \$30 to \$100 per gram in the third quarter of FY2003, according to the Drug Enforcement Administration (DEA) Newark

Federal-Wide Drug Seizure System

FDSS data comprise seizures made in the United States by the Drug Enforcement Administration (DEA), Federal Bureau of Investigation (FBI), U.S. Customs and Border Protection (CBP), and U.S. Coast Guard (USCG). Only seizures that exceed certain threshold weights are included in these statistics: 500 grams of cocaine, 100 grams of heroin, 25 kilograms of marijuana, and 250 grams of methamphetamine.

Division, while in southern New Jersey prices were \$21,000 to \$35,000 per kilogram, \$500 to \$1,600 per ounce, and \$32 to \$100 per gram. Crack sold for \$600 to \$2,000 per ounce in northern New Jersey and for \$850 to \$1,600 per ounce in southern New Jersey in the third quarter of FY2003. A rock of crack sold for \$5 to \$20 throughout the state during the same period. Purity levels vary noticeably between northern and southern New Jersey, however. According to DEA, cocaine purity at various distribution levels in the third quarter of FY2003 ranged from 87 to 94 percent in the northern part of New Jersey and 61 to 84 percent in the southern part.

Dominican, Puerto Rican, and Mexican criminal groups are the dominant transporters of powdered cocaine into New Jersey. These criminal groups, primarily Dominican groups, transport powdered cocaine to New Jersey from the Washington Heights section of Upper Manhattan via the George Washington Bridge and Interstate 95 in commercial and private vehicles. However, some transport of the drug flows from New Jersey, where stash houses are increasingly located, to distribution sites in Washington Heights. (See text box.) Puerto Rican criminal groups frequently transport kilogram-size cocaine bricks into New Jersey from San Juan, Puerto Rico, via commercial airlines. The cocaine typically is wrapped in clear plastic and duct tape, then is wrapped again in clear plastic and concealed in large pieces of luggage. According to the DEA Newark Division, Mexican criminal groups sometimes transport cocaine into New Jersey in tractor-trailers hauling commercial goods such as produce and other

perishable items that are difficult to inspect. A variety of other criminal groups and independent dealers also transport cocaine into New Jersey. Most of the powdered cocaine transported into the state is converted into crack locally.

Manhattan Cocaine Distributors Use New Jersey Stash House

On February 8, 2003, officials from the Morris County (NJ) Police Department and the New York Police Department arrested five individuals and seized 675 kilograms of cocaine and \$10,000 in cash. Most of the cocaine (575 kg) was seized in the basement and garage of a residence in Madison, New Jersey; the remainder was seized as a result of a traffic stop in the Washington Heights section of Upper Manhattan. The residence in Madison had been used as a stash location for cocaine destined for distribution in Washington Heights. The cocaine had been concealed in white plastic tubs of fruit preserves in Mexico and smuggled across the U.S.–Mexico border to a warehouse in California. Then it was transported to the New Jersey residence, where it was extracted from the tubs. In Madison officers arrested three individuals, one from Mexico and two from California. In Washington Heights officers arrested two individuals, both from New York City.

Source: Morris County Prosecutor's Office; Morris County Police Department; New York Police Department.

Colombian drug trafficking organizations (DTOs) and criminal groups and Dominican criminal groups are the primary wholesale-level distributors of cocaine in New Jersey. African American and Dominican criminal groups are the primary distributors of cocaine at the retail level. Colombian, Puerto Rican, Jamaican, Mexican, Cuban, and other criminal groups also distribute retail quantities of cocaine in the state, although to a lesser extent. Most retail-level distributors control "cut houses" (where drugs are diluted, or cut), storefronts, and open-air drug markets in Camden, Elizabeth, Irvington, Jersey City, Newark, and Trenton as well as in other areas of the state. Powdered and crack cocaine typically are packaged in small plastic bags or

plastic vials and sold at open-air drug markets. Some dealers, particularly in Newark, sell powdered and crack cocaine in bottles with different colored caps indicative of a specific street corner or area. Crack also is sold loose, as rocks.

Cocaine, particularly crack, is the drug most often associated with violent crime in New Jersey. Federal, state, and local law enforcement officials in the state report that dealers frequently carry firearms and commit drive-by shootings, assaults, and murders. Further, according to the NDTs 2003, 49.5 percent of New Jersey law enforcement agencies identified cocaine, either powdered (15%) or crack (34.5%), as the drug that most contributes to violent crime. The Camden and Essex County Narcotics Task Forces report major increases in the number of cocaine-related homicides in their areas in 2003. As of June 5, 2003, there were 27 drug-related homicides in Camden County and 60 in Essex County; most were attributed to powdered or crack cocaine distribution.

Heroin

The illicit distribution and abuse of heroin, primarily South American heroin, pose a serious drug threat to New Jersey, particularly to Newark. The health consequences associated with heroin abuse are significantly greater than for any other drug in the state. For example, the number of heroin-related treatment admissions in New Jersey has increased annually since at least 2000 and is significantly higher than for any other substance, including alcohol. According to the New Jersey Department of Health and Senior Services, there were 25,316 primary treatment admissions for heroin abuse in New Jersey in 2000, 27,808 in 2001, and 28,274 in 2002. As shown in Table 1 on page 2, there were more ED mentions for heroin in the Newark metropolitan area than for any other illicit drug in 2001 and 2002; however, the number of heroin ED mentions remained relatively stable during those years at 3,718 and 3,731, respectively. In 2001 Newark had the highest rate of heroin ED mentions (215 per 100,000 population) of the 21 metropolitan areas reporting to DAWN. Additionally, in 2001 heroin was a

factor in more deaths in the Newark metropolitan area than any other illicit drug. According to DAWN 2001 mortality data, there were 177 heroin/morphine-related deaths in Essex, Morris, and Union Counties, of which 118 were in Essex County alone. Furthermore, DEA reports that in Ocean County (southeastern New Jersey) 59 individuals died of drug-induced overdoses in 2002, a 79 percent increase over the 33 deaths reported in 2001. Approximately one-half of the overdoses in 2002 were attributed to heroin.

Ocean County Heroin Deaths Lead to Prosecutions

In March 2003, a 59-year-old Ocean County man died of an apparent heroin overdose. The friend who had provided the heroin was arraigned in State Superior Court and charged with heroin distribution and hindering a criminal prosecution. In the spring of 2003, an Ocean County grand jury indicted two individuals for causing the overdose death of a man in July 2002. Authorities say the man provided the heroin and the woman injected it into the man, resulting in an overdose.

Source: DEA Newark Division.

Heroin Extraction Laboratory

In January 2003 a heroin extraction laboratory was discovered in Roselle. The chemist was using methylene chloride to extract heroin from the plastic lining inside luggage sent from Colombia. The heroin was converted into a semiliquid, passed through a strainer, then put into an oven and cooked into a solid. Afterwards it was ground into powder. According to DEA chemists, the laboratory was capable of processing 10 kilograms of heroin.

Source: DEA Newark Division.

Heroin from all major source areas (South America, Southeast Asia, Southwest Asia, and Mexico) is available in New Jersey; however, South American heroin is by far the most readily available. According to DEA, all the heroin purchased at the retail level under the auspices of the Domestic Monitor Program (DMP) in Newark in the third quarter of FY2003 was South American.

According to the NDTs 2003, 73.4 percent of New Jersey law enforcement agencies reported that heroin was readily available, while 31.6 percent of agencies identified heroin as their greatest drug threat. According to FDSS data, federal law enforcement officials in New Jersey seized 91 kilograms of heroin in 2000, 169 in 2001, and 188 in 2002. USSC data indicate that in FY2001 heroin-related federal sentences accounted for a significantly higher percentage of all drug-related federal sentences in New Jersey (31.5%) than nationwide (7.2%).

Heroin prices in New Jersey are relatively stable, but price differences between northern and southern New Jersey reflect two distinct heroin markets in the state. In northern New Jersey heroin sold for \$45,000 to \$115,000 per kilogram, \$600 to \$3,160 per ounce, and \$58 to \$140 per gram in the third quarter of FY2003, according to the DEA Newark Division. In southern New Jersey heroin sold for \$80,000 to \$120,000 per kilogram, \$2,500 to \$3,000 per ounce, and \$60 to \$240 per gram during the same period. Purity levels also differ between northern and southern New Jersey. According to the DEA Newark Division, heroin seized in northern New Jersey had an average purity of 78 percent in the third quarter of FY2003, while heroin seized in southern New Jersey had an average purity of 61 percent.

Colombian DTOs and criminal groups and Dominican criminal groups dominate the transportation of South American heroin into New Jersey, particularly Newark. These DTOs and criminal groups usually employ couriers to smuggle heroin aboard commercial aircraft; occasionally they ship significant quantities of heroin, sometimes intermingled with large shipments of cocaine or marijuana, on container vessels as well. Significant quantities of South American heroin are smuggled into the state from southwestern states and from states such as New York and Pennsylvania in commercial and private vehicles. Nigerian and other West African criminal groups smuggle Southeast Asian heroin, and Lebanese, Pakistani, Nigerian, and

other criminal groups smuggle Southwest Asian heroin from source countries through Newark Liberty International Airport using couriers who conceal the drug internally, in their clothing, or in hidden compartments within their luggage. During the second quarter of FY2003, U.S. Immigration and Customs Enforcement (ICE) inspectors seized more than 20 kilograms of heroin in 12 seizures and made 10 arrests at Newark Liberty International Airport. A significant portion was sewn into the collars and waistbands of clothing or secreted in suitcases. In February 2003 ICE inspectors reported a seizure in which a courier aboard a commercial maritime vessel from West Africa attempted to smuggle 1,120 grams of Southeast Asian heroin—hidden under his clothing—into Camden.

Colombian DTOs and criminal groups and Dominican criminal groups are the dominant wholesale-level distributors of South American heroin in New Jersey. Nigerian and other West African criminal groups are the dominant wholesale-level distributors of Southeast Asian heroin. Lebanese, Pakistani, Nigerian, and other criminal groups distribute wholesale quantities of Southwest Asian heroin in the state.

African American and Dominican criminal groups and street gangs such as Bloods, Crips, Five Percenters, Latin Kings, and Ñeta are significant retail-level distributors of South American heroin in New Jersey. However, a variety of local independent dealers also sell retail quantities of heroin in the state. Nigerian and other West African criminal groups distribute retail quantities of Southeast Asian heroin, and Lebanese, Pakistani, and other criminal groups distribute retail quantities of Southwest Asian heroin in New Jersey. Chinese, Colombian, Puerto Rican and other Caribbean criminal groups, local independent dealers, and numerous other street gangs also sell retail quantities of heroin in the state, although to a lesser extent. Heroin is sold primarily at open-air drug markets or in low-income housing developments in metropolitan centers including Camden, Elizabeth, Jersey City, Newark, and Paterson. It usually is

packaged in glassine envelopes and sold in bags, bundles, or bricks. Typically bundles contain 8 to 10 bags wrapped in a rubber band, although a bundle of heroin in the Camden area usually contains 13 bags. Some of the more popular logos stamped on the bags are Anthrax, Painkiller, 911, Last Chance, and Trip.

Marijuana

Marijuana is the most commonly abused illicit drug in New Jersey. There were a significant number of marijuana-related treatment admissions in the state each year from 2000 through 2002, and the number gradually increased during that period. According to the New Jersey Department of Health and Senior Services, there were 5,714 primary treatment admissions for marijuana abuse in New Jersey in 2000, 5,730 in 2001, and 6,052 in 2002. According to DAWN data, the number of marijuana ED mentions in the Newark metropolitan area increased from 647 in 2001 to 944 in 2002, although there were significantly fewer marijuana ED mentions than mentions related to cocaine or heroin. (See Table 1 on page 2.)

Marijuana is the most widely available and most frequently seized illicit drug in New Jersey. According to the NDTs 2003, 96.9 percent of New Jersey law enforcement agencies reported that marijuana was readily available, although only 30.6 percent of New Jersey law enforcement agencies identified marijuana as their greatest drug threat. According to FDSS data, marijuana accounted for 57.0 percent (1,626 of 2,862 kg) of the illicit drugs seized by federal law enforcement officials in the state in 2002. USSC data indicate that the percentage of drug-related federal sentences related to marijuana in New Jersey in FY2001 (8.4%) was significantly lower than the percentage nationwide (32.8%).

Marijuana prices are relatively stable in the state. In northern New Jersey domestic marijuana sold for \$600 to \$4,500 per pound, \$50 to \$450 per ounce, and \$5 to \$25 per gram in the third quarter of FY2003, according to the DEA

Newark Division. In southern New Jersey domestic marijuana sold for \$800 to \$2,000 per pound, \$250 to \$350 per ounce, and \$10 to \$100 per gram during that period. "Hydro," typically referring to marijuana produced from hydroponically grown cannabis, has been available in New Jersey for several years; it is produced locally and in Canada. The DEA Newark Division reports that hydro sold for \$3,800 to \$4,500 per pound in the northern part of the state and for \$4,800 per pound in the southern part in the third quarter of FY2003. Also, various New Jersey law enforcement officials have seized marijuana that is referred to as hydro but is marijuana that has been saturated in a liquid, possibly PCP, that reportedly increases the effect of the drug. The DEA Newark Division further reports that in the second quarter of FY2003 marijuana also was distributed under the names "189," which sold for \$1,900 per pound, and "Arizona," which sold for \$1,200 per pound.

Cannabis is cultivated both indoors and outdoors throughout rural New Jersey, particularly in Atlantic, Cumberland, Gloucester, and Warren Counties. It also is cultivated indoors in metropolitan areas of the state; indoor grows often are located in private residences. Cannabis plants cultivated outdoors often are hidden in farmers' fields by replacing corn stalks with cannabis plants or by planting the cannabis between rows of corn. According to the DEA Domestic Cannabis Eradication/Suppression Program, law enforcement officials eradicated 831 plants from outdoor grows in New Jersey in 2001 and 957 in 2002. In addition, law enforcement officials eradicated 182 plants from indoor grows in the state in 2001 and 1,345 in 2002.

Although Jamaican and Mexican criminal groups are the most significant transporters of marijuana, no particular criminal group or independent dealer controls the transportation of marijuana into the state. Most of the marijuana available in the state, particularly in Newark, originates in Mexico and Jamaica. Marijuana produced in Mexico frequently is smuggled in multiton shipments in tractor-trailers from California and southwestern states into New Jersey.

Additional quantities of Mexico-produced marijuana, usually in amounts ranging from 7 to 30 pounds, typically are transported into the state via package delivery services, on commercial aircraft, and in private vehicles. Marijuana produced in Jamaica usually is smuggled into New Jersey on commercial maritime vessels and aircraft and via package delivery services. Some marijuana produced in Jamaica is smuggled in maritime vessels to other U.S. states and then transported in private and commercial vehicles into New Jersey.

Although Jamaican and Mexican criminal groups are significant marijuana distributors, no single criminal group or independent dealer controls the wholesale- or retail-level distribution of marijuana in New Jersey. Marijuana, typically sold in small vials, tin foil, or small plastic bags, is purchased by a diverse group of individuals at open-air drug markets, at private residences, in nightclubs, and on college campuses.

Other Dangerous Drugs

The distribution and abuse of other dangerous drugs (ODDs) such as MDMA, GHB and its analogs, ketamine, khat, LSD, and PCP pose varying threats. New Jersey teenagers and young adults are the primary distributors and abusers of most ODDs in the state. The diversion and abuse of pharmaceuticals constitute an emerging drug threat to New Jersey, where pharmaceuticals are diverted and abused by a diverse group of individuals.

MDMA. Also known as ecstasy, Adam, XTC, E, and X, MDMA (3,4-methylenedioxymethamphetamine) is the most readily available and frequently abused ODD in New Jersey. In the state, as in most of the country, Caucasian teenagers and young adults are the most prominent retail-level distributors and abusers of the drug. DAWN data indicate that the number of MDMA-related ED mentions in the Newark metropolitan area remained relatively stable from 2001 (49) to 2002 (47). According to the NDTs 2003, 67.7 percent of New Jersey law enforcement agencies reported that MDMA was readily available, although just

4.1 percent of agencies identified MDMA as their greatest drug threat.

MDMA is a stimulant and low-level hallucinogen. Sometimes called the hug drug, MDMA purportedly helps abusers to be more “in touch” with others and “opens channels of communication.” However, abuse of the drug can cause psychological problems similar to those associated with methamphetamine and cocaine abuse including confusion, depression, sleeplessness, anxiety, and paranoia. Physical effects can include muscle tension, involuntary teeth clenching, blurred vision, and increased heart rate and blood pressure. MDMA abuse also can cause a marked increase in body temperature leading to muscle breakdown, kidney failure, cardiovascular system failure, stroke, or seizure as reported in some fatal cases. Research suggests that MDMA abuse may result in long-term and sometimes permanent damage to parts of the brain that are critical to thought and memory.

Israeli and Russian criminal groups are the dominant smugglers of MDMA into New Jersey. Most of the MDMA transported into the state is smuggled from source or transit countries by couriers on commercial aircraft or through package delivery services. MDMA also is transported in commercial and private vehicles from other states. Some MDMA is smuggled on private aircraft and aboard commercial maritime vessels arriving from foreign countries.

Israeli and Russian criminal groups are the dominant wholesale-level distributors of MDMA in New Jersey. However, various criminal groups and local independent dealers also distribute wholesale quantities in the state. All of these criminal groups supply up to multithousand-tablet quantities of MDMA to various midlevel distributors who, in turn, supply retail-level distributors. According to the DEA Newark Division, Colombian and Mexican criminal groups and local independent dealers sell MDMA at open-air drug markets in the Camden area. These distributors typically purchase wholesale quantities of MDMA in Philadelphia and, to a lesser extent, New York

MDMA Seizures at Newark Liberty International Airport

In three similar incidents, agents with the ICE Office of Investigation (OI) seized more than 100,000 MDMA tablets and arrested three European citizens at Newark Liberty International Airport. On June 27, 2002, agents seized approximately 35,000 MDMA tablets from a Swiss citizen; on July 11, 2002, agents seized approximately 36,000 tablets from a German citizen; and on July 13, 2002, agents seized approximately 34,000 tablets from an Italian citizen. In the first incident, the tablets were stamped with either HP or a heart. In the latter two incidents, red- and blue-colored MDMA tablets were stamped with either VW or @. In all three incidents, the couriers were traveling on a major French air carrier from Paris to Newark and concealed the MDMA in hard-sided luggage with false compartments. According to ICE/OI and DEA, these couriers may be associated with a Europe-based DTO.

Source: Drug Enforcement Administration; U.S. Immigration and Customs Enforcement Office of Investigation.

International MDMA Trafficking Ring Dismantled

In October 2002 federal law enforcement officials in Brooklyn, New York, arrested three Israeli nationals for plotting to smuggle 1.4 million MDMA tablets from Belgium into Port Elizabeth, New Jersey. Warehouse workers in Antwerp, Belgium, notified law enforcement officials that two of the arrestees were allegedly inserting bags filled with the tablets into diamond-polishing tables that were to be loaded onto a container cargo vessel destined for the United States. Belgian officials confiscated the shipment and turned it over to the DEA Brussels Country Office. The drugs were removed and replaced with fake tablets. When the shipment arrived in the United States, DEA agents planted global positioning devices in the tables, which were then delivered to a warehouse on Fulton Street in Brooklyn, New York.

Source: Drug Enforcement Administration Newark Division.

City. Wholesale quantities (500 tablets or more) sold for \$3 to \$5 per tablet in the third quarter of FY2003, according to the DEA Newark Division.

Caucasian teenagers and young adults are the most prominent retail-level distributors of MDMA in New Jersey. No one group or individual monopolizes the trade, however, and other retail distributors include outlaw motorcycle gangs (OMGs) such as Hells Angels, Pagan's, and Breed; local independent dealers; and other criminal groups. According to the DEA Newark Division, Dominican local independent dealers began to sell MDMA in Hudson and other counties in 2001 because of the large profits generated by MDMA distribution. Various law enforcement officials in New Jersey report that Dominican and other historically violent criminal groups are now distributing retail quantities of MDMA. Retail quantities of MDMA typically are sold loose, in plastic bags, or stacked in heat-sealed bags (known as sticks, which typically contain 3 to 5 tablets) at raves or techno parties, at nightclubs, at rock concerts, and on college campuses. However, dealers increasingly are selling the drug from residences and on street corners; the DEA Newark Division reports that Hispanic and Portuguese dealers from Newark and New York City distribute MDMA at open-air drug markets in the cities of Kenilworth and Union. MDMA tablets sold for \$20 to \$30 at the retail level in the third quarter of FY2003, according to the DEA Newark Division.

GHB and Analogs. GHB (gamma-hydroxybutyrate) and its analogs—GBL, BD, GHV, and GVL—are available and abused in New Jersey, but to a lesser extent than MDMA. According to the NDTs 2003, 37.9 percent of New Jersey law enforcement agencies reported that GHB was readily available; no agencies (0.0%) identified GHB as their greatest drug threat. Caucasian individuals, including teenagers and young adults, are the primary abusers of GHB. According to DAWN data, there were no GHB-related ED mentions in the Newark metropolitan area in 2001 or 2002.

GHB Analogs	
Analog	Chemical/Alternative Name
GBL	gamma-butyrolactone furanone di-hydro dihydrofuranone
BD	1,4-butanediol tetramethylene glycol sucol-B butylene glycol
GHV	gamma-hydroxyvalerate methyl-GHB
GVL	gamma-valerolactone 4-pentanolide

GHB analogs are drugs that possess chemical structures that closely resemble GHB, a central nervous system depressant. GHB and its analogs are also known as liquid ecstasy, soap, scoop, Georgia home boy, grievous bodily harm, liquid X, and goop; according to the DEA Newark Division, GHB is known locally as GoGo Juice. At lower doses GHB and its analogs cause drowsiness, dizziness, nausea, and visual disturbances. At higher doses unconsciousness, seizure, severe respiratory depression, and coma can occur. Because of their sedative properties, GHB and its analogs also have been used throughout the nation to facilitate sexual assaults.

GHB generally is produced outside New Jersey and transported into the state by local independent dealers, usually Caucasians. GHB typically is distributed in 8-ounce bottles to high school and college students at raves and dance parties. It also can be purchased over the Internet. Concentrated GHB, available in southern New Jersey, sold for \$1,300 per 8-ounce bottle during the second quarter of FY2003, according to the DEA Newark Division.

Ketamine. The availability and abuse of ketamine vary throughout New Jersey. The drug is readily available in Bergen, Hudson, Ocean, and Passaic Counties. According to the NDTs 2003, 41.1 percent of New Jersey law enforcement agencies reported that ketamine was readily available, although no agencies (0.0%) identified ketamine as

their greatest drug threat. According to DAWN data, there were 12 ketamine ED mentions in the Newark metropolitan area in 2001 and none in 2002.

Ketamine, also known as K, special K, vitamin K, and cat valium, is an injectable anesthetic that, when taken in large doses, causes effects similar to those experienced with PCP abuse (that is, feelings of strength, power, and invulnerability and a numbing effect on the mind). Liquid ketamine can be injected or boiled into powdered ketamine that can be put into capsules. Much of the ketamine sold in New Jersey is stolen from veterinary offices in the state or is shipped from Mexico through California to metropolitan areas in New Jersey and other states. Caucasian individuals are the primary distributors and abusers of the drug. The DEA Newark Division reports that ketamine usually sold for \$10 to \$45 per bag (known as a bump) and \$100 to \$125 per 10-milliliter vial during the third quarter of FY2003.

Khat. The stimulant khat is readily available within certain ethnic communities in New Jersey, particularly in Newark. Khat (*Catha edulis*) is a flowering shrub native to northeast Africa and the Arabian Peninsula. Individuals chew khat leaves because of the stimulant effects, which are similar to but less intense than those caused by abusing cocaine or methamphetamine. Khat use can produce manic behavior, paranoid delusions, and hallucinations as well as cause damage to the central nervous and respiratory systems. Law enforcement officers often seize khat at Newark Liberty International Airport. Khat transportation, distribution, and abuse appear to be limited to an ethnic-cultural enclave consisting of immigrant communities from Arabian, East African, and Middle Eastern countries.

LSD. The hallucinogen LSD (lysergic acid diethylamide), also known as acid, boomers, and yellow sunshine, is sporadically available and abused in New Jersey. According to DAWN data, there were 10 ED mentions for LSD in the Newark metropolitan area in 2001 and none in 2002. According to the NDTs 2003, 19.8 percent of New Jersey law enforcement agencies reported that LSD was readily available; no agencies identified

LSD as their greatest drug threat. Caucasian individuals are the primary distributors and abusers of LSD in the state. The DEA Newark Division reported that LSD typically sold for \$0.50 to \$35.00 per single dose, \$1.50 to \$5.00 per 100-dose sheet, \$60 per liquid vial (3.5 g), and \$10 to \$15 per gelatin capsule in New Jersey during the third quarter of FY2003.

PCP. The hallucinogen PCP (phencyclidine), also known as angel dust, boat, ozone, wack, and rocket fuel, is increasingly available and abused in New Jersey. According to DAWN data, there were 35 ED mentions for PCP in the Newark metropolitan area in 2001 and 124 in 2002. According to the NDTs 2003, 20.2 percent of New Jersey law enforcement agencies reported that PCP was readily available; no agencies (0.0%) identified PCP as their greatest drug threat. Law enforcement reporting indicates that availability is increasing, particularly in Sussex County, and that the primary distributors and abusers of PCP are African Americans, particularly in Trenton, New Brunswick, and Jersey City. The DEA Newark Division reported that powdered PCP generally sold for \$15 to \$25 per bag, \$20 to \$30 per gram, and \$5 per tablet in New Jersey during the third quarter of FY2003. Liquid PCP usually sold for \$200 to \$600 per ounce during that period. Cigarettes and marijuana joints frequently are dipped in PCP and sold for \$20 to \$30 per dip. Ounce and half-ounce bottles of PCP also are available in the state.

Diverted Pharmaceuticals. Pharmaceutical distribution and abuse are growing in New Jersey at an increasing rate. According to the NDTs 2003, 60.4 percent of New Jersey law enforcement agencies reported that pharmaceuticals were readily available, and 0.2 percent of agencies identified pharmaceuticals as their greatest drug threat. Narcotics investigators in several counties report that OxyContin, Percocet, and Xanax in particular are increasing in popularity. NDTs 2003 data further indicate that New Jersey law enforcement agencies reported these three prescription drugs as the most commonly diverted or illicitly used pharmaceuticals in the state. Most

pharmaceutical abusers are in their late thirties to early forties or are of high school or college age. Diverted pharmaceuticals typically are obtained in New Jersey through common diversion techniques. These include prescription fraud, improper prescribing practices, pharmacy theft, and “doctor shopping,” a practice whereby individuals who may or may not have a legitimate ailment visit numerous physicians to obtain drugs in excess of what should be legitimately prescribed. Diverted pharmaceuticals often are sold behind closed doors and occasionally at open-air drug markets, primarily in Essex (Newark and Irvington), Camden, and Salem Counties. According to the DEA Newark Division, diverted OxyContin sold for \$15 per 20-milligram tablet and \$30 per 40-milligram tablet during the second quarter of FY2003. Diverted Percocet sold for \$1 to \$10 per tablet, and diverted Xanax sold for \$1 to \$2 per tablet during that same period.

Methamphetamine

The distribution and abuse of methamphetamine pose a lower threat to New Jersey than that of the other major illicit drugs. The New Jersey Department of Health and Senior Services does not separately record primary treatment admissions for methamphetamine abuse since there are so few in comparison with other drugs. According to DAWN data, there were no methamphetamine ED mentions in the Newark metropolitan area in 2001 and one in 2002. According to DAWN mortality data, there were no methamphetamine-related deaths in Essex, Morris, or Union Counties in 2001.

Methamphetamine availability is limited in New Jersey. According to the NDTs 2003, 17.1 percent of New Jersey law enforcement agencies reported that methamphetamine was readily available, and 1.3 percent of agencies identified methamphetamine as their greatest drug threat. According to FDSS data, federal law enforcement officials in New Jersey seized 0.8 kilogram of methamphetamine in 2002. USSC data indicate that the percentage of drug-related federal sentences related to methamphetamine in New Jersey

in FY2001 (5.2%) was lower than the percentage nationwide (14.2%).

Most methamphetamine production that occurs in New Jersey involves the P2P (phenyl-2-propanone) method. Law enforcement officials seized between one and two P2P methamphetamine laboratories annually in the state from 1997 to 2002, except in 2000 when none were seized. Although methamphetamine production in New Jersey has been infrequent, chemicals used to produce methamphetamine frequently are diverted from chemical companies in the state to methamphetamine producers and distributors nationwide. In January 2002 agents and diversion investigators from the DEA Newark Division arrested the production manager of a chemical company in East Windsor and seized approximately 19 tons of precursor chemicals used to produce methamphetamine. At least 40 methamphetamine laboratories throughout the United States had been supplied with pseudoephedrine and ephedrine through the company during the previous several years.

Methamphetamine also is transported into New Jersey from California and southwestern states in tractor-trailers, private vehicles, and via package delivery services. Some transportation of methamphetamine into the state originates at production sites in neighboring states such as Pennsylvania.

OMGs such as Breed, Pagan's, and Warlocks are the dominant wholesale-level distributors of methamphetamine in New Jersey. They usually sell retail quantities of methamphetamine to other OMGs, primarily in the central and southern counties, and in states such as Pennsylvania, Ohio, West Virginia, and North Carolina. In addition, teenagers and young adults sell methamphetamine at raves. In northern New Jersey methamphetamine sold for \$8,500 to \$20,000 per kilogram, \$800 to \$1,000 per ounce, and \$100 to \$200 per gram in the second quarter of FY2003, according to the DEA Newark Division. In southern New Jersey methamphetamine sold for \$35,000 per kilogram, \$800 to \$2,000 per ounce, and \$60 to \$100 per gram during the same period.

Outlook

The trafficking of cocaine will remain a significant drug threat to New Jersey. The drug is readily available and widely abused, and the distribution and abuse of crack cocaine in particular are more associated with violent crime than the distribution and abuse of any other illicit drug. Colombian DTOs and criminal groups and Dominican criminal groups have historically dominated the distribution of cocaine in the state, and there are no indications that this will change.

The distribution and abuse of heroin, primarily South American heroin, may soon become a more serious threat to New Jersey than the trafficking of cocaine. Demand indicators that gauge the consequences of substance abuse reveal that heroin abuse contributes to more treatment admissions, ED mentions, and deaths involving drug abuse in New Jersey than any other single illicit drug, and there are no indications that heroin abuse levels in the state will decrease in the near future.

Marijuana will remain the most commonly available and widely abused drug in New Jersey. Despite continued cannabis cultivation at indoor and outdoor grow sites throughout the state, local production is not sufficient to supply demand, and marijuana produced in Mexico and Jamaica will remain more prevalent.

MDMA will remain the most widely distributed and abused ODD in New Jersey. The level of violence associated with MDMA distribution may escalate with the budding involvement in retail MDMA distribution in New Jersey of Dominican and other historically violent criminal groups. Diverted pharmaceuticals, OxyContin, Percocet, and Xanax in particular, are readily available and increasing in popularity; it is likely that the emerging threat posed by the diversion and abuse of pharmaceuticals will continue to grow, surpassing the threat posed by the abuse of ODDs other than MDMA.

The production and abuse of methamphetamine will continue to pose the lowest illicit drug threat to New Jersey. Availability of the drug has

been and is limited; consequently, abuse levels likely will remain low, as will the dangers to public health and safety associated with methamphetamine production and abuse.

Sources

State

New Jersey

County Narcotics Task Forces

Atlantic

Bergen

Burlington

Camden

Cape May

Cumberland

Essex

Gloucester

Hudson

Hunterdon

Mercer

Middlesex

Monmouth

Morris

Ocean

Passaic

Salem

Somerset

Sussex

Union

Warren

Morris County Police Department

Morris County Prosecutor's Office

New Jersey Department of Health and Senior Services

New Jersey State Regulators

New York

City of New York

Police Department

National

Executive Office of the President

Office of National Drug Control Policy
High Intensity Drug Trafficking Areas
New York/New Jersey
Philadelphia/Camden

U.S. Department of Health and Human Services

Substance Abuse and Mental Health Services Administration
Office of Applied Studies
Drug Abuse Warning Network
National Household Survey on Drug Abuse

U.S. Department of Homeland Security

Border and Transportation Security Directorate
U.S. Customs and Border Enforcement
U.S. Immigration and Customs Enforcement
Newark
Office of Investigation
Philadelphia

U.S. Coast Guard

U.S. Department of Justice

Drug Enforcement Administration
Domestic Cannabis Eradication/Suppression Program
Domestic Monitor Program
Federal-Wide Drug Seizure System
Newark Division

Federal Bureau of Investigation

U.S. Sentencing Commission



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